

CERTIFICATE OF DEATH

6522

Reg. Dist. No. 252

INSTRUCTIONS
TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Centerville	MARYLAND LENGTH OF STAY (In this place) 2 Month	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Queen Anne's	COUNTY (If rural give location) Queen Anne
3. NAME OF DECEASED (Type or Print) CHARLES EDGAR CANNON		4. DATE OF DEATH June 3 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 5-1869
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (some) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 86 yrs.
11. BIRTHPLACE (State or foreign country) Caroline Co Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Nutter Cannon		14. MOTHER'S MAIDEN NAME Sara Setterfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 213-22-6231	
17. INFORMANT & ADDRESS Mr. Hill Anthony, Centerville Md.		18. MEDICAL CERTIFICATION Developing Left. Recl. Disease Arteria. Delerious	
19a. IMMEDIATE CAUSE Antecedent cause(s) DUE TO Diseases or conditions, if any, (B) giving rise to the above cause stating underlying cause last. (C)		19b. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19c. DATE OF OPERATION		19d. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3</u> , 19 <u>56</u> , to <u>June 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>56</u> , and that death occurred at <u>21</u> M., from the causes and on the date stated above. SIGNATURE <u>H. J. McH. no. 60</u> M.D.		ADDRESS (Street, city, town, state) Centerville Md 15-4-56 DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 5-56	
24. REC'D BY REGISTRAR DATE 6-4-56		REGISTRAR'S SIGNATURE Elvie Armstrong	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Carter		ADDRESS Centerville Md	

— 100 —

inverted
inverted

CHARGES EDGAR GUNNION

28 1981 - one of several that day
A few hundred yards west (west) mostly
dislodged and round stones scattered
- all rounded, pointed with all over or at

BUREAU V

9561 8 Nov.

Malpighiaceae (Sapindales) *Malpighia* *leprosa* (L.) *Malpighia* *leprosa* (L.) *leprosa*

INSTRUCTIONS

TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been **executed** by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6523

CERTIFICATE OF DEATH

66511

Reg. Dist. No. 251

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Queen Anne's CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Church Hill home		STATE MARYLAND COUNTY Queen Anne's CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill STREET ADDRESS Rural (If rural give location)	
3. NAME OF DECEASED (First) Philip (Middle) Lee (Last) Holder		4. DATE (Month) Jan (Day) 30 (Year) 56	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct 17, 1953
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 9 mo yrs.
13. FATHER'S NAME Franklin Holder		14. MOTHER'S MAIDEN NAME Marta M Engrem	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. —	
17. INFORMANT & ADDRESS Church H. II Md		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
751X IMMEDIATE CAUSE (A) Increased Intra Cranial Pressure 2 weeks ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Hydrocephalic GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		P 1/2 mo	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Spina Bifida		P 1/2 mo	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 17, 1953 , to Jan 30, 1956 that I last saw the deceased alive on June 29, 1956 and that death occurred at 7:50 AM , from the causes and on the date stated above.		ADDRESS (Street, city, town, state) Contracorke DATE SIGNED 7-2-56	
SIGNATURE Dr. L. L. Holder		M.D.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 7/3/56 NAME OF CEMETERY OR CREMATORIY TEMPLEVILLE CEM. TEMPLEVILLE LOCATION (City, town, or county) MD	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Edward L. Lane 25. FUNERAL DIRECTOR'S SIGNATURE Edward L. Holder, Miltington ADDRESS	
DATE 7-2-56			

DEPARTMENT OF HEALTH - EDUCATION - WELFARE
UNITED STATES GOVERNMENT

STATE DEPARTMENT

125 JUL 1956

RECEIVED - MAIL ROOM - STATE DEPARTMENT

1000
1000
1000
1000

1000
1000
1000
1000

BUREAU V.

JUL 9 1956

RECEIVED

186512

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6524

Reg. Dist. No. 252

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial or removal.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Queen Anne's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centerville		c. LENGTH OF STAY IN 1b all his life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. NAME OF DECEASED (Type or print) SAMUEL CARLTON JUMP		First	Middle
4. DATE OF DEATH Month June Day 11 Year 1956	Last	Month	Day
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23-1909
9. AGE in years last birthday 46 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY State Road Driver	11. BIRTHPLACE (State or foreign country) No. Centerville Md
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME William Barnes Jump		
14. MOTHER'S MAIDEN NAME Frances E. Johnson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <input type="checkbox"/> (Yes, no, or unknown) 41 101442	
16. SOCIAL SECURITY NO. 213-18-4621		17. INFORMANT Paul Jump - Centerville Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Found dead in hotel room - he had 322.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) been drinking & fell in corridor room on (c) his face & asphyxiated - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. <input type="checkbox"/> p. m. <input type="checkbox"/> 19	Month, Day, Year Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE W. Henry Fisher	DATE SIGNED 6/11-56		
EXAMINER'S NAME (Type) W. Henry Fisher	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
22a. BURIAL, Cremation, or Removal (Specify) Burial	22b. DATE THEREOF June 13-56	22c. NAME OF CEMETERY OR CREMATORIUM Chesterfield	22d. LOCATION (City, town, or county) Centerville Maryland (State)
23. FUNERAL DIRECTOR'S SIGNATURE Bethany Burial & Cremation Centerville Md.	ADDRESS 1000 1/2 Main Street, Centerville, Maryland	24a. REC'D BY REGISTRAR Elise Armstrong	24b. REGISTRAR'S SIGNATURE Elise Armstrong

BUREAU V. S.

9551 57 100

RECEIVED
1956

Indonesia (Borneo)

Went to Dr. Elmer's office.
Left about 10:30 and went to the station.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

16513

6525

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY Queen Annes		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS "Spencers Landing"	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ANNE B. MARSH		First	Middle
Last		4. DATE OF DEATH June 13, 1956	Month Day Year
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH April 3, 1912
8. AGE (In years lost birthday) 44 yrs.		9. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Benner		14. MOTHER'S MAIDEN NAME Sophia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Charles E. Marsh, Centreville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 5, 1956, to June 13, 1956, that I last saw the deceased alive on June 5, 1956, and that death occurred at M, from the causes and on the date stated above. ACTUAL SIGNATURE W. Henry Fisher M.D. Centreville Md		ADDRESS (Street, city or town, state) DATE SIGNED 6/13/56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 15, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Loudon Park Cemetery
23. FUNERAL DIRECTOR'S SIGNATURE W. J. T. Fisher & Sons Inc. Baltimore Md.		22d. LOCATION (City, town, or county) Baltimore, Maryland	(State)
ADDRESS		24a. REC'D BY REGISTRAR DATE 6-10-56	24b. REGISTRAR'S SIGNATURE Elie Armstrong Jr. W.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

JUN 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06514

6526

CERTIFICATE OF DEATH

Reg. Dist. No. 953

1. PLACE OF DEATH o. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Wilma		First	Middle	Last	4. DATE OF DEATH Palmer	Month	Day	Year	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1877		9. AGE (In years lost birthday) 79 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Samuel Seward		14. MOTHER'S MAIDEN NAME Mary Goldsborough							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-34-767		17. INFORMANT Mrs. Hill Hoxter--Chester, Maryland		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH June 20, 1956					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause (b). DUE TO		Hyperkinetic cardio-vascular disease		5 years					
DUE TO		Arteriosclerosis		10 years					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		6 bronchial asthma attacks (allergic)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 8.)							
20c. TIME OF INJURY Hour o. m. p. m.		Month	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Stevensville	20f. (City or town) Stevensville	(County) Stevensville	(State) Md.
21. I certify that I attended the deceased from alive on		March 10, 1934, to		June 20, 1956		ADDRESS (Street, city or town, state) Stevensville			DATE SIGNED June 21, 1956
ACTUAL SIGNATURE Theodor Sattelmair		M.D.							
PHYSICIAN'S NAME (Type) Theodor SATTELMAIER									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 22		22c. NAME OF CEMETERY OR CREMATORIUM Stevensville		22d. LOCATION (City, town, or county) Stevensville, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Md.		24a. REC'D BY REGISTRAR DATE June 22-56		24b. REGISTRAR'S SIGNATURE Elizabeth Hoxter			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU Y.

1951 52 N.Y.

KL 36156
1956

INSTRUCTIONS

TO ATTEND **PHYSICIAN OR HOSPITAL**: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06515

6527 CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN give nearest town)	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Streets (If rural give location)
Queen Anne's Rehoboth	5 yrs -	Maryland Seasville	Queen Anne's Co Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
JOHN McFEELEY		June 18 1956	
5. SEX M	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH April 25-1867
9. AGE last birthday 89 yrs.	10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Queen Anne's Co Md
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Robert H Perry	14. MOTHER'S MAIDEN NAME Mary E Bixam		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Mr Hugh Perry Centreville Md
18. MEDICAL CERTIFICATION			
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) Acute Melina</p> <p>ANTECEDENT CAUSE(S) DUE TO (B) Acute digestive tract failure</p> <p>DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis general</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. adrenoma benign of prostate - prostatotomy, about 1950</p>			
INTERVAL BETWEEN ONSET AND DEATH one week			
<p>19a. DATE OF OPERATION</p> <p>19b. MAJOR FINDINGS OF OPERATION</p>			
<p>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)</p> <p>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</p> <p>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</p>			
<p>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</p> <p>21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></p> <p>21f. HOW DID INJURY OCCUR? to</p>			
<p>22. I hereby certify that I attended the deceased from <u>June 18 1956</u> to <u>June 18 1956</u>; that I last saw the deceased alive on <u>June 18 1956</u>, and that death occurred at <u>320 P</u> M, from the causes and on the date stated above.</p> <p>SIGNATURE <u>Theodor Sattelmayer</u> ADDRESS <u>Stevensville</u> DATE SIGNED <u>June 19 1956</u></p>			
23. FUNERAL CREMATION, REMOVAL SPECIAL <u>None</u>		DATE THEREOF <u>June 21-56</u>	NAME OF CEMETERY OR CREMATORIUM <u>Chestertield</u>
24. REC'D BY REGISTRAR <u>Helen M. Aldridge</u>		REGISTRAR'S SIGNATURE	LOCATION (City, town, or county) (State) <u>Centreville Maryland</u>
DATE <u>June 21-56</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. B. - Centreville Md.</u>	

CERTIFICATE OF DEATH

JOHN HENRY KELLY
DECEASEDDECEASED
- up to nowJULY 18 1962
7044 HARRISBURG 95952

88 108-75252 right lumbar tuba M.

ALIVE M. I. M. (O) treated except

right 6 years old
M. I. M. (O) treated except

BUREAU U. S.

JUN 25 1956

FBI

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
JULY 15 1962
FEDERAL BUREAU OF INVESTIGATION
WILMINGTON, DELAWARE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

66516

Reg. Dist. No.

251

6528 Item 12, Film G199 7-3-56 et

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel R T 6		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel R T 6	
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle Thole		4. DATE OF DEATH Month June Day 22 Year 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH Sept 3-1901		8. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
9. AGE (In years last birthday) 54 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm + Mill	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Don't know		14. MOTHER'S MAIDEN NAME Don't know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		16. SOCIAL SECURITY NO. 087-10-9706	
17. INFORMANT John Palmer - Marydel R T 6 Md		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Found dead in Rye Field - had been out 434.3			
DUE TO (b) as drunk 3 days - last seen alive Thursday night			
DUE TO (c) Endanger a heart condition			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE W. Harry Fisher		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DATE SIGNED 6/23-56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/27/1956	
22c. NAME OF CEMETERY OR CREMATORIAL Millington Cem.		22d. LOCATION (City, town, or county) (State) Millington Md	
23. FUNERAL DIRECTOR'S SIGNATURE Edward Pellow Millington Md		ADDRESS	
24a. REC'D BY REGISTRAR IN 29 1956		24b. REGISTRAR'S SIGNATURE Edgar L. Lane	
VS. A15ME(5) 5M 9/55			

BUREAU V. S.

1956 29 JUN

אֶלְעָזָר בֶּן־בָּנָי